

SUPPLEMENT 3

**For Federal criminal/civil case filing
-- PETITIONER'S MOTION FOR REQUESTING
PSYCHOLOGICAL/PSYCHIATRIC EVALUATION
TO DETERMINE ACTUAL INNOCENCE FACTOR
UNDER FALSE CONFESSION ELEMENT AND
TO RESOLVE THE CONTROVERSY/CONFLICT
BETWEEN GOVERNMENT AND PETITIONER
OVER "DELUSIONAL DISORDER" --**

**Brian David Hill (Petitioner) v. United States of
America (Respondent)**

**Criminal Case Number 1:13-cr-435-1
Civil Case Number 1:17-CV-1036**

U.S.W.G.O.

USWGO Alternative News (USWGO.COM, DEFUNCT)
WE ARE CHANGE (WEARECHANGE.ORG)
INFOWARS.COM (THERE IS A WAR ON FOR YOUR MIND)
Oath Keepers (oathkeepers.org)
FederalJack (FederalJack.com)
Alternative Media/Truth Movement brigade

1. CIR./DIST./ DIV. CODE NCM		2. PERSON REPRESENTED Brian David Hill		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:13-cr-435-1		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) Brian David Hill v. United States of America		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input checked="" type="checkbox"/> Other Adult 2255 Petitioner	
10. REPRESENTATION TYPE (See Instructions) MA - 28 U.S.C. § 2255					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18:2252A(a)(5)(B) and (b)(2) Activities relating to material constituting or containing child pornography					
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES					
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ <u>2,550.00</u> OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$800, excluding expenses) Signature of Attorney <u>Brian D. Hill</u> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Date <u>6/22/2018</u> ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Brian D. Hill 310 Forest Street, Apartment 2, Martinsville, VA Telephone Number: <u>(276) 790-3505</u>					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Attached to Motion requesting Mental Health Examination service, has the description and legal basis for justification for services.			14. TYPE OF SERVICE PROVIDER (See Instructions)		
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judge or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO			01 <input type="checkbox"/> Investigator 17 <input type="checkbox"/> Hair/Fiber Expert		
			02 <input type="checkbox"/> Interpreter/Translator 18 <input type="checkbox"/> Computer (Hardware/Software/Systems)		
			03 <input checked="" type="checkbox"/> Psychologist 19 <input type="checkbox"/> Paralegal Services		
			04 <input type="checkbox"/> Psychiatrist 20 <input type="checkbox"/> Legal Analyst/Consultant		
			05 <input type="checkbox"/> Polygraph 21 <input type="checkbox"/> Jury Consultant		
			06 <input type="checkbox"/> Documents Examiner 22 <input type="checkbox"/> Mitigation Specialist		
			07 <input type="checkbox"/> Fingerprint Analyst 23 <input type="checkbox"/> Duplication Services		
			08 <input type="checkbox"/> Accountant 24 <input type="checkbox"/> Other (Specify)		
			09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 25 <input type="checkbox"/> Litigation Support Services		
			10 <input type="checkbox"/> Chemist/Toxicologist 26 <input type="checkbox"/> Computer Forensics Expert		
			11 <input type="checkbox"/> Ballistics		
			12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		
			13 <input type="checkbox"/> Pathologist/Medical Examiner		
			14 <input type="checkbox"/> Other Medical		
			15 <input type="checkbox"/> Voice/Audio Analyst		
CLAIM FOR SERVICES AND EXPENSES					
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		FOR COURT USE ONLY	
a. Compensation		2,550.00		MATH/TECHNICAL ADJUSTED AMOUNT	
b. Travel Expenses (lodging, parking, meals, mileage, etc.)				ADDITIONAL REVIEW	
c. Other Expenses					
GRAND TOTALS (CLAIMED AND ADJUSTED):		\$2,550.00		\$0.00	
17. PAYEE'S NAME AND MAILING ADDRESS Lepage Associates Solution-Based Psychological & Psychiatric Services 5842 Fayetteville Road #106, Durham, NC 27713 TIN: _____ Telephone Number: <u>(919) 572-0000</u> CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
				22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00	
23. <input type="checkbox"/> Either the total cost (excluding expenses) of all services combined does not exceed \$800, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$800. Signature of Presiding Judge _____ Date _____ Judge Code _____					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
				27. TOTAL AMOUNT APPROVED \$0.00	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					